

Mississippi
**Supplemental Application for Automatic Six-Month
Extension for Corporate Income and Franchise Tax Return**

Mississippi

Form 83-181-01-8-1-000 (Rev. 10/01)

WCC

Name of Reporting Corporation

FEIN

Enter additional names of qualified members of an affiliated group below. Include the subtotal from this schedule in the total amount for Form 83-180.

Name of Other Members of an Affiliated Group

Federal Employer Identification Number

Tentative Amount of Franchise Tax
(Minimum \$25.00 Per Corporation)

[illegible]

Subtotal: (Include this amount in the Total on Line 4, Form 83-180.)

